



BLADEN
COMMUNITY
COLLEGE

Student Centered • Future Focused

Adult High School and Continuing Education Transcript Request Form

PROCESSING TIME IS TWO (2) BUSINESS DAYS

Full Name While Enrolled: _____

Other Name(s) Used While Enrolled: _____

SSN : _____ Birth Date: _____ Telephone #: _____

Type of Transcript Requested: Adult High School: _____ or Continuing Education: _____

Address where transcript will be mailed

To: _____

Street Address or PO Box: _____

City/State/Zip: _____

Signature: _____ Date: _____

Your signature authorizes this request. If you do not sign this request, it will not be processed.

NOTE: No transcripts will be issued until ALL financial obligations to Bladen Community College has been satisfied. There is a \$5.00 fee for each transcript requested. Payment(s) may be made in cash, money order, or credit card. Payments by credit card can be made by calling the Cashier at 910.879.5507. **Do Not Send Cash in Mail.**

Mail Transcript Request(s) to:

Gale West
Continuing Education
PO Box 266
Dublin, NC 28332
or call 910.879.5592

Fax Transcript Request to:

Attention: Gale West
910.879.5564
or email to: gwest@bladenc.edu

For Office Use Only

Continuing Education Transcript Receipt

Date: _____ Amount Paid: _____